



## **Pregnancy/Postpartum Physical Training (PPPT) Frequently Asked Questions**

Here are some of the most frequently asked questions regarding pregnancy, exercise, and parenting. The primary reference is AR 40-501, Standards of Medical Fitness, paragraphs 7-9, 7-10 and 7-11. ([http://www.usapa.army.mil/pdffiles/r40\\_501.pdf](http://www.usapa.army.mil/pdffiles/r40_501.pdf)) Additional information for Soldiers and Army Leaders may be found in USACHPPM Technical Guide 281, Guide to Female Soldier Readiness ([TG 281](#)).

### **Q. Is PPPT mandatory?**

A. Yes.

IAW AR 40-501, 7-9b(3): The commander will counsel all female Soldiers as required by AR 600-8-24 or AR 635-200. The unit commander will consult with medical personnel as required.

IAW AR 40-501, 7-9d(7): Upon the diagnosis of pregnancy, the Soldier is exempt from regular unit physical fitness training and APFT testing/weight standards for the duration of the pregnancy and 180 days past pregnancy termination. After receiving medical clearance from their health care provider to participate in physical training, commanders will enroll Soldiers who are pregnant or postpartum to take part in the Army Pregnancy/Postpartum Physical Training (PPPT) Program.

Soldiers who do not attend unit PT are still required to receive counseling by the Commander, obtain a pregnancy profile from their Health Care Provider, and enroll in the PPPT program. A pregnant/ postpartum Soldier that normally is allowed to do PT on her own should attend as frequently as her work schedule will allow. The support and encouragement, as well as the specific exercise design of the PPPT Program, is beneficial even if she is unable to attend full-time. When she does PT on her own, she can mirror what is done in class on her own time.

The Remote Soldier component of the Army PPPT program is available from the USACHPPM website: <http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx>. This tool is recommended for Reserve and National Guard Soldiers, and those Soldiers assigned to remote locations where no organized PPPT is available.

### **Q. Is PT safe during pregnancy?**

A. Yes. Consistent participation in moderate physical training most days of the week is healthy for a mom-to-be and her baby and recommended during healthy pregnancies. A pregnant Soldier should never exercise to exhaustion or breathlessness, but exercise at her own pace to the best of her ability in order to maintain her fitness level. If a Soldier feels at that the pregnancy is limiting her ability to perform PT, she is to see her OB HCP to reevaluate the pregnancy profile.

### **Q. What assurance is there that the exercises in the PPPT Program are safe to do?**

A. The health, safety and welfare of the mother and baby are the priority of the PPPT program. The exercises and fitness concepts in the PPPT Program are consistent with the American College of Obstetricians and Gynecologists' guidance for exercise during pregnancy and the



postpartum period. The training materials used to train the PPPT Program coordinators and exercise leaders have been endorsed by the Army Surgeon General, Health Consultant to the Office of the Surgeon General, and the US Army Physical Fitness School. The exercise leaders are trained to carefully monitor the safety of each Soldier, and educate the class on safety issues.

**Q. What profiles do I need? *NEW!***

A. AR 40-501, 7-11a(1): **DA Form 3349** will be used to record both permanent profiles and temporary profiles. DD Form 689 (Individual Sick Slip) may be used in lieu of DA Form 3349 for temporary profiles not to exceed 30 days and may include information on activities the Soldier can perform as well as the physical limitations. An SF 600 may be used to attach additional information to the DA Form 3349 on the physical activities a Soldier can or cannot perform. This additional SF 600 is to be clearly labeled as a continuation of the DA Form 3349.

**Q. What is the uniform for PPPT?**

A. IAW AR 670-1, Wear and Appearance of Army Uniforms and Insignia, paragraph 14-6d: Pregnant soldiers will wear the **improved physical fitness uniform (IPFU)** until the uniform becomes too small or uncomfortable. Pregnant soldiers are authorized to wear the T-shirt outside the trunks. At no time will commanders require pregnant soldiers to purchase a larger IPFU in order to accommodate the pregnancy. When the uniform becomes too small or uncomfortable, pregnant soldiers may wear equivalent civilian workout clothes. In the pool, the IPFU, civilian PT clothes, or a modest maternity swimsuit may be worn.

**Q. What is the uniform for Postpartum PPPT? *NEW!***

A. The uniform standard is the IPFU. The PPPT Program instructor trainer may authorize uniform modifications. Suggestions to obtain an IPFU during the postpartum transition:

- 1) Purchase a bigger size using their clothing allowance.
- 2) Borrow one from their husband or partner.
- 3) 'Swap' with someone in the class.
- 4) Check the thrift shop or Army/Navy store.
- 5) Request the FRG or a spouses club to sponsor the postpartum Soldiers and donate several large-sized sets of IPFUs.

**Q. What are the advantages of the PPPT Program?**

A. Pregnancy changes a Soldier's body in ways that require a different approach to PT. Participation in PPPT provides a Soldier with a physical fitness training and health education program that meets the unique needs of pregnant and postpartum Soldiers. The PPPT Program provides a safe setting and trained leaders to assist Soldiers in making adjustments to their exercise regimen as the pregnancy progresses, and to teach special skills that will help with delivery and recovery. It also provides emotional support and encouragement through group activities with others who are in similar circumstances. Getting to know other Soldiers that are also moms can help give the reassurance, positive reinforcement, and motivation that are needed to meet the challenges of motherhood and return to required fitness levels.



**Q. What is the recommended water temperature in which pregnant women should do water aerobics? *NEW!***

Swimming and water aerobics are a safe and effective means of exercise for pregnant women, therefore they are a part of the PPPT program. The literature and expert opinion states that:

- 1) Robert McMurray, Professor Department of Exercise and Sport Science and Exercise Physiologist at University North Carolina, Chapel Hill - "My opinion (and our research) suggests that the temperature should be about 80-85 degrees. At or below the low end (80), the women may get cold in the water and it is uncomfortable to exercise while shivering! However, this really does not affect the fetus, unless the mother becomes hypothermic. Much above 85 and the water is too hot for comfortable exercising, as it makes it hard to eliminate the heat."
- 2) A. Nelson, *Aquatic Fitness Professional Manual*, Aquatic Exercise Association, CH 5: *The Aquatic Environment* - Water varying from 80-85 degrees F is the most comfortable temperature for typical water fitness classes (swimming and shallow or deep water aerobics) since it allows the body to respond normally to the onset of exercise and the accompanying increase in body temperature. Cooling benefits are still felt as body heat rises due to vigorous activity, yet there is little risk of overheating. In cool water less than 78 degrees F, physiological responses in the body will change to keep the organs warm and functioning. Avoid teaching exercise programs in pools with temperature around 90 degrees F or above. This range is too warm for vigorous exercise programs that generate a lot of body heat. If the water is too warm, the possibility of overheating may occur.

**Q: Can exercise cause a miscarriage or preterm labor? *NEW!***

A. Soldiers often express concerns regarding pregnancy PT and preterm labor and /or miscarriage. After consulting the literature and OB physicians involved in Soldiers delivering preterm, the following is agreed upon:

- 1) When babies deliver before 20 weeks, it is technically not preterm labor, but is a miscarriage or cervical insufficiency. Neither miscarriage nor cervical insufficiency is caused by moderate exercise. Women who have a history of cervical insufficiency and get pregnant should have early prenatal care for evaluation and development of a plan for prenatal care. These women are at higher risk for the same problem again. A woman who has a history of cervical insufficiency may very well be placed on a limited exercise profile in subsequent pregnancies, but there is no proof that limiting exercises will be effective to prevent another preterm loss.
- 2) Preterm labor occurs when babies are born between 20 and 36 weeks. Exercise does not contribute to preterm labor. Pregnant women who have had preterm labor deliveries may be placed in restricted activity, but there is no data to support that exercise causes preterm delivery. Activity limitation is just a precaution that actually has not been proven to prolong pregnancy.
- 3) Women should not stop exercising out of fear. Research has proven the benefits of physical activity during pregnancy. If any woman is concerned that she may have a condition that dictates that she should stop or limit exercise during her pregnancy, she is to ask her OB/GYN.

(LTC Cassandra Blakely, WBAMC, CH, OB/GYN, Nov 2007)

Additional information on miscarriages is available at:

<http://www.americanpregnancy.org/pregnancycomplications/miscarriage.html>



**Q. What are the benefits of PPPT for a Soldier who has had a miscarriage?**

A. A Soldier that has miscarried is to discuss limitations and length of the postpartum physical profile with their Health Care Provider. Participation in PPPT is beneficial before returning to regular unit PT. This can be a delicate and often an uncomfortable situation, but the Soldier will benefit by having time to progressively recondition to her pre-pregnant fitness level before transitioning to unit PT. The Soldier should generally be placed in the initial postpartum PT group after returning from convalescent leave, in order to work on her core and abdominal strength, and improve her run time.

**Q. What's the best way to ensure that the record APFT will be passed and height/weight standards will be met within 6 months after delivering the baby?**

A. Concerns from Soldiers and units regarding a Soldier's ability to pass her record APFT and meet height/weight standards are common. There are many factors that influence the amount of time it takes a Soldier to recondition back to her pre-pregnant fitness level including her previous fitness level, the type of delivery or pregnancy complications she had, how much weight she gained, and her postpartum exercise regimen. The postpartum PT Program is designed to assist Soldiers in meeting these goals and emphasizes core strengthening exercises, upper body strengthening, and cardiovascular fitness with running, calisthenics, and mobility drills. Postpartum Soldiers also receive periodic diagnostic APFTs and weigh-ins to help them track their progress and adjust their exercise routines to help them meet their goals. The goal of the PPPT Program is to have every postpartum Soldier meet her fitness and weight goals by six months postpartum. With consistent participation and dedicated effort, this is a realistic goal that can be accomplished by most Soldiers.

**Q. May a "For Record" APFT be administered through the PPPT? *NEW!***

A. The PPPT Instructor Trainer may administer a **diagnostic APFT only**. The Soldier's unit is responsible for doing their "For Record APFT" when the Soldier returns to the unit. The Soldier is eligible for a "Record APFT" at 180 days after delivery.

**Q. What is the policy for Soldiers who are postpartum that are trying to get promoted and their APFT has expired?** This applies to Soldiers with a delivery date of less than 6 months who want to put in a promotion packet before the 180 day exemption period is over.

A. A Soldier with a delivery date of less than 180 days is in an exempt status for the record APFT and is not required to have an APFT score in a promotion packet. Do not to use an APFT dated over a year ago. According to DA PAM 623-3, Table 3-4, [http://www.apd.army.mil/pdffiles/p623\\_3.pdf](http://www.apd.army.mil/pdffiles/p623_3.pdf), indicate in the promotion packet the most recent status which is "exempt". The rater will enter the following on the evaluation form, "Exempt from APFT requirement in accordance with AR 40-501, 7-10e".



**Q. What are the duty limitations for pregnant Soldiers?**

A. The health of the pregnant Soldier and her unborn child are of the utmost importance. Specific duty limitations for pregnancy are found in Army Regulation 40-501, Medical Standards of Fitness, paragraph 7-9d, to include but not limited to the following:

(1) Except under unusual circumstances, the Soldier should not be reassigned to overseas commands until pregnancy is terminated.

(2) The Soldier will not receive an assignment to duties where nausea, easy fatigue, or sudden lightheadedness would be hazardous to the Soldier, or others, to include all aviation duty, Classes 1/2/3.

(3) Restrict exposures to military fuels.

(4) No weapons training in indoor firing ranges due to airborne lead concentrations and bore gas emissions.

(5) No work in the motor pool involving painting, welding, soldering, grinding, and sanding on metal, parts washing, or other duties where the Soldier is routinely exposed to carbon monoxide, diesel exhaust, hazardous chemicals, paints, organic solvent vapors, or metal dusts and fumes (for example, motor vehicle mechanics).

(6) The Soldier should avoid excessive vibrations. Excessive vibrations occur in larger ground vehicles (greater than 1 1/4 ton) when the vehicle is driven on unpaved surfaces.

(10) The Soldier must not climb or work on ladders or scaffolding.

(11) At **20 weeks** of pregnancy, a Soldier is exempt from standing at parade rest or attention for longer than 15 minutes, and participating in swimming qualifications, drown proofing, field duty, and weapons training. The Soldier should not ride in, perform PMCS on, or drive vehicles larger than light medium tactical vehicles.

(12) At **28 weeks** of pregnancy, a Soldier must be provided a 15-minute rest period every two hours. Her workweek should not exceed 40 hours, and she should not work more than eight hours in any one day. The 8-hour work day does include one hour for PT and the hours worked after reporting to work or work call formation, but does not include the PT hygiene and travel times.

**Q. Does the lunch hour count during the 8-hour work day? *NEW!***

A. This is a leadership issue, not a medical one. The same rules apply for the lunch hour for all Soldiers within their own unit. The rules dealing with lunch and duty time are the same whether a Soldier is pregnant or not.

**Q. What is the guidance for field duty during pregnancy and the postpartum period?**

A. IAW AR 40-501,7-9c(7) the Soldier is exempt from wearing load bearing equipment (LBE) to include the web belt, individual body armor (IBA) and/or any other additional equipment. Wearing of individual body armor and/or any other additional equipment is not recommended and should be avoided after **14 weeks gestation**. Section 7-9c(11) states that at **20 weeks of pregnancy**, a Soldier is exempt from field duty. A postpartum Soldier receives a six-month



deferment from duty away from her home station immediately following the birth of a child. Breastfeeding is highly recommended, however this does not exempt a postpartum Soldier from going to the field.

### **Q. What are the postpartum profile timelines?**

A. IAW AR 40-501, Standards of Medical Fitness, Dec 2007, paragraph 7-10 (pg. 72)  
([http://www.usapa.army.mil/pdffiles/r40\\_501.pdf](http://www.usapa.army.mil/pdffiles/r40_501.pdf))

Section a. Convalescent leave (as prescribed by AR 600-8-10, Leaves and Passes, [http://www.apd.army.mil/pdffiles/r600\\_8\\_10.pdf](http://www.apd.army.mil/pdffiles/r600_8_10.pdf)) after delivery will be for a period determined by the attending physician. This will normally be for 42 days following normal pregnancy and delivery.

Section b. Convalescent leave after a termination of pregnancy (for example, miscarriage) will be determined on an individual basis by the attending physician.

Section e. In accordance with DOD Directive 1308.1, DoD Physical Fitness and Body Fat Program, June 2004, 4.1.6 Pregnancy (pg. 3)  
(<http://www.dtic.mil/whs/directives/corres/pdf/130801p.pdf>)

Pregnant Soldiers shall not be held to the standards of fitness and body fat testing and a postpartum Soldier is exempt from the APFT for 180 days following termination of pregnancy. Soldiers are expected to use the time in preparation for the APFT after receiving clearance from their physician to resume physical training.

A Soldier is considered postpartum if she has delivered a child or had a termination of pregnancy after 20 weeks. In these cases the Soldier is exempt from the APFT for 180 days following termination of the pregnancy. Therefore, if a Soldier miscarries before 20 weeks, the 180 day APFT exemption does not apply and the length of the profile is determined on an individual basis by the attending physician. The APFT exemption would be a recovery period of twice the length of the profile not to exceed 90 days after the termination of their profile.

IAW AR 40-501, 7-10

Section c: Prior to commencing convalescent leave, postpartum Soldiers will be issued a postpartum profile. The **temporary profile will be for 45 days**. It begins on the day of child birth or termination of pregnancy and will allow PT at the Soldier's own pace. Soldiers are encouraged to use the At-Home component of the Army PPPT Program while on convalescent leave. If a Soldier decides to return early from convalescent leave, the temporary profile remains in effect for the entire 45 days.

Section d. Soldiers will receive clearance from the profiling officer to return to full duty.

### **Q. Can a pregnant or postpartum Soldier be flagged for being overweight?**

A. Pregnancy creates some special considerations in the Army Weight Control Program (AWCP). The governing regulation is AR 600-9, Army Weight Control Program, 3-2k(1)(c), ([http://www.apd.army.mil/pdffiles/r600\\_9.pdf](http://www.apd.army.mil/pdffiles/r600_9.pdf)). *If a Soldier is not enrolled in the AWCP at the time of a pregnancy, she is exempt from weight control standards for the duration of the pregnancy, plus six months following termination of the pregnancy, and will not be flagged for exceeding the screening weight table during this time.*



If the Soldier fails to meet the weight standard after the six-month period, she must be medically cleared by a health care provider and then enrolled in the AWCP. *If a Soldier is enrolled in the AWCP at the time of a pregnancy* she will remain flagged for the duration of the pregnancy and for a period of up to six months after termination of her pregnancy. She may request to be weighed or measured any time prior to the expiration of the six-month recovery period, and if she is within standard, she will be removed from the AWCP. If she does not meet standard at the end of the six-month recovery time, she will continue in the AWCP as a continuation, not a new enrollment.

**Q. When does a single pregnant Soldier have to move out of the barracks?**

A. Check with the First Sergeant and the **installation housing office for the local Command policy** governing when a Soldier is authorized to move out of barracks and to receive Basic Allowance for Housing (BAH).

IAW AR 420-1, Army Facilities Management, 12 Feb 2008, paragraph 3-14d(5) Pregnant military personnel (with no other Family members) will not be assigned to Family housing until the birth of the child. Paragraph 3-14f(5) Pregnant military personnel, otherwise without Family members, may be placed on the waiting list when pregnancy is confirmed by medical authority.

Pregnant Soldiers living in barracks are authorized to remain in the barracks until they deliver. In cases in which a single Soldier elects (with the permission of her chain of command) to vacate the barracks prior to delivery, she is entitled to BAH at the "without dependents" rate and Basic Allowance for Subsistence (BAS) in order to establish a home prior to the birth of the child. A single Soldier is authorized to put her name on the military housing waiting list once the pregnancy is confirmed by a medical authority; however, family housing will not be assigned nor will the Soldier be eligible to receive BAH at the "with dependents" rate until the birth of the child. Timely completion of the paperwork required for BAH and BAS will greatly ease this transition and allow the pregnant single Soldier to focus on what is really important.

**Q. When can a Soldier be deployed after giving birth? *NEW!***

A. In the new role as a Soldier and mother, it is important for Soldiers to be responsible parents and also be fit and ready to perform the mission. In a recent policy change, *ALARACT 171/2008* states that a Soldier is considered available for worldwide deployment **six months after giving birth**. A revision will be made to Army Regulation 614-30, Overseas Service ([http://www.apd.army.mil/pdffiles/r600\\_20.pdf](http://www.apd.army.mil/pdffiles/r600_20.pdf)). A Soldier may sign a waiver for this postpartum deferment. Except under unusual circumstances, a pregnant Soldier is not reassigned to overseas commands until her pregnancy is terminated.

**Q. What is the reference to develop a Family Care Plan?**

A. It is important to be prepared by having a Family Care Plan. According to AR 600-20, Army Command Policy ([http://www.apd.army.mil/pdffiles/r600\\_20.pdf](http://www.apd.army.mil/pdffiles/r600_20.pdf)), a single parent or dual military couple is REQUIRED to have a Family Care Plan in place to remain on active duty. The **DA Form 5304 Family Care Plan Counseling Checklist** is to be completed not later than 90 days prior to the expected date of birth of the child.



**Q. Who can sign statements of pregnancy for a Soldier to receive a Chapter 8?**

A. When a pregnant Soldier chooses to chapter out of the Army due to pregnancy, a statement of pregnancy is required. Pregnancy is confirmed by a physical examination, and the statement of pregnancy may be signed by a physician, nurse practitioner, or nurse midwife. AR 40-501, 7-9b(2) states "A physician will confirm pregnancy and once confirmed will initiate prenatal care of the Soldier and issue a physical profile. Nurse midwives, nurse practitioners, and physician assistants are authorized to issue routine or standard pregnancy profiles for the duration of the pregnancy." ([http://www.usapa.army.mil/pdffiles/r40\\_501.pdf](http://www.usapa.army.mil/pdffiles/r40_501.pdf))

**Q. What is the MEDCOM policy related to the release of Soldier Protected Health Information (PHI) to unit command officials? *NEW!***

A. The release of Soldier PHI, to include pregnancy status, is governed by OTSG/ MEDCOM Policy 07-048 (expiration 26 November 2009), <https://www.us.army.mil/suite/doc/9993992>. The memorandum presents policy and general guidelines for disclosing and accounting for the minimum necessary Armed Forces members' PHI released to Commanders and authorized unit officials.

**Q. Who is responsible for local PPPT Program execution and funding? *NEW!***

A. ALARACT 168/2008, released on 11 July 2008, lays out the responsibilities for executing the PPPT Program. Senior Mission Commanders are the functional proponent with MTF and Garrison Commanders providing specific support. MEDCOM through USACHPPM is the specified proponent. *ALARACT 168/2008: PPPT Program* may be accessed from the AKO ALARACT Knowledge Center in the 2008 folder. ALARACT\_168\_2008 is on page 16.

**Q. What code is used for physical training on an NCOER for a pregnant Soldier? *NEW!***

A. Per DA Pam 623-3, Table 3–4

For noncommissioned officer evaluation report instructions, an APFT entry is not required for Soldiers 60 years of age or older and pregnant NCOs who are exempt from the APFT in accordance with AR 40–501. Pregnant NCOs who have not taken the APFT within the last 12 months due to pregnancy, convalescent leave, and temporary profile, the rater will enter the following statement in part IVc: Exempt from APFT requirement in accordance with AR 40–501. NOTE: When using the electronic version, the APFT and HT/WT statement will be combined.